

PET DROP OFF INFORMATION

Client Name: _____

Telephone Number to reach you today: _____

Pet's Name: _____ Breed: _____

When was your pet's last meal? _____ What did he/she eat? _____

What medications (if any) has your pet received in the last 24 hours?

Name of medication:	Amount given	What time

Is your pet sensitive or allergic to any medications or food no yes

(please list) _____

What vaccinations, if needed, would you like us to give your pet today? (please list)

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, any previous major medical problems, and what you would like us to do below: (for additional space, write on back)

Would you like us to:

treat your pet after examination?

call you with the findings of the examination and an estimate of treatment cost prior to our treating your pet?

* Please note that if we have not seen your pet before, we will need to be able to contact you regarding your pet's examination prior to instigating any treatments.

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Alvin Animal Clinic, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Signed: _____ Date: _____

WE CARE